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## **MIBG-SPECT/CT-angiography with 3-D reconstruction of an extra-adrenal phaeochromocytoma with dissection of an aortic aneurysm**

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# MIBG-SPECT/CT-angiography with 3-D reconstruction of an extra-adrenal pheochromocytoma with dissection of an aortic aneurysm

Klaus Strobel<sup>1</sup>, C. Burger<sup>1</sup>, P. Schneider<sup>2</sup>, M. Weber<sup>3</sup>, Thomas F. Hany<sup>1</sup>

<sup>1</sup> Division of Nuclear Medicine, University Hospital Zurich, Rämistrasse 100, 8091 Zurich, Switzerland

<sup>2</sup> Department of Radiology, Cantonal Hospital St. Gallen, St. Gallen, Switzerland

<sup>3</sup> Department of Visceral Surgery, University Hospital Zurich, Zurich, Switzerland

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Pheochromocytomas can cause severe complications like stroke, lung oedema, myocardial infarction or aortic dissection. Ten percent of pheochromocytomas originate in extra-adrenal localisations and can be detected with <sup>123</sup>I-MIBG scintigraphy [1]. We report on a 50-year-old patient with weight loss, night sweating and increased urinary noradrenaline levels. SPECT with 358 MBq <sup>123</sup>I-MIBG and additionally a dual-phase diagnostic CT were performed, showing increased MIBG uptake para-aortally on the left side (a,b, arrow) corresponding to a hypervascularised lesion visible on CT (b, arrow) [2]. Additionally, in CT a thoracic aneurysm with type B aortic dissection (a,b, arrowheads) was detected. For surgical planning, CT-angiography and SPECT were combined in a fused 3D rendering using the PMOD 2.75 software (see figure). The paraganglioma was resected and 1 month later the aneurysm was successfully treated with a stent graft. There are some case reports in the literature about pheochromocytomas associated with aortic or carotid dissections [3–5]. SPECT/CT-angiography with fused 3D reconstruction requires appropriate software and some postprocessing time but provides the surgeon with important functional and morphological information for adequate therapy planning. <sup>18</sup>F-DOPA PET/CT could be another interesting tool for imaging of such patients [6].

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Klaus Strobel (✉)

Division of Nuclear Medicine, University Hospital Zurich, Rämistrasse 100, 8091 Zurich, Switzerland

e-mail: klaus.strobel@usz.ch, Fax: +41-44-2554414

